



Voter #

Gave

Mail

CITY OF DOVER, NEW HAMPSHIRE

APPLICATION

OFFICIAL GENERAL ELECTION ABSENTEE BALLOT

NOVEMBER 2, 2010

I, _____, hereby apply for an official absentee ballot.
(Please Print)

I am a duly qualified voter, residing at _____ and entitled
(Street and number)

to vote in Ward _____ in the City of Dover.
(Party)

(Signature of voter) *REQUIRED*

Mail ballot to: _____

Reason for Absentee Ballot Request (Check One):

_____ Physical Disability _____ Religious Observance
_____ Absence from City on Election Day
_____ Employment / Commuter

RETURN BALLOT TO: Dover City Clerk
288 Central Avenue
Dover, NH 03820-4169

(603) 516-6021
(603) 516-6666 FAX